

Home and Community-based Services (HCS)/Texas Home Living (TxHmL) Program

**Contact Information**

Name of Individual		Medicaid No.	CARE ID
Legally Authorized Representative (LAR) Primary Contact Name		Relationship	
Area Code and Telephone No.		Alternate Area Code and Telephone No.	
LAR/Primary Contact Address (Street, City, State, ZIP Code)			Fax Area Code and No.
Email Address		Alternate Email Address	
Alternate Contact Name		Relationship	
Area Code and Telephone No.		Alternate Area Code and Telephone No.	
Alternate Contact Address (Street, City, State, ZIP Code)			Fax Area Code and No.

**Program Provider**

Provider Agency Name		Component Code	Provider Fax No.
Provider Representative Name			
Area Code and Telephone No.		Alternate Area Code and Telephone No.	
Email Address		Alternate Email Address	
Alternate Provider Representative Name			
Area Code and Telephone No.		Alternate Area Code and Telephone No.	
Consumer Directed Services Agency (if applicable)		Contact Name	Area Code and Telephone No.

**Local Authority (LA)**

Service Coordinator Name		Area Code and Telephone No.	Alternate Area Code and Telephone No.
Service Coordinator Email Address			LA Fax Area Code and No.
Back-Up Contact for Service Coordinator		Area Code and Telephone No.	Alternate Area Code and Telephone No.
LA Name	Address (Street, City, State, ZIP Code)		

Date Completed	Completed By
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Service coordinator must complete at time of enrollment, or as soon as possible; update when contact(s) change; and ensure that individual, LAR, involved family members and all providers have a current copy.